

*Employee*

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY						
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <div style="display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">x</span> <span style="font-family: cursive; font-size: 1.2em;">S. Brown</span> <div style="margin-left: 20px;"> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee </div> </div> </p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span>  <div style="display: flex; justify-content: space-between;"> <span style="font-family: cursive; font-size: 1.2em;">S. BROWN</span> <span style="font-family: cursive; font-size: 1.2em;">8/31/05</span> </div> </p> <p style="font-size: 0.8em;"> <input type="checkbox"/> Is address different from item 1? <input type="checkbox"/> Yes  <input type="checkbox"/> Enter delivery address below: <input type="checkbox"/> No </p>						
<p>1. Clerk, U.S. District Court  Northern District of Alabama  Hugo L. Black U. S. Courthouse  1729 5<sup>th</sup> Avenue North, Room 140  Birmingham, AL 35203</p>	<p>3. Service Type</p> <table style="width: 100%; font-size: 0.8em;"> <tr> <td><input checked="" type="checkbox"/> Certified Mail</td> <td><input type="checkbox"/> Express Mail</td> </tr> <tr> <td><input type="checkbox"/> Registered</td> <td><input checked="" type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td><input type="checkbox"/> C.O.D.</td> </tr> </table>	<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail	<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail						
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise						
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.						
<p>2. Article Number  <i>2:05cv789 (entire file transfer)</i>  <small>(Transfer from service label)</small></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>						
<p style="font-size: 1.2em; font-family: monospace;">7004 2510 0001 0150 7423</p>							
<div style="display: flex; justify-content: space-between;"> <span>PS Form 3811, February 2004</span> <span>Domestic Return Receipt</span> <span>102595-02-M-1540</span> </div>							